

# TLC Trial Form PSYCH3.01

## NEPSY Session Data for TLC Children

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	_____
Date of visit	_____/_____/_____

**INSTRUCTIONS:** This form is used to record the session data when testing TLC children with the NEPSY. In addition, a copy of the regular NEPSY record forms should be submitted with this form with the child's name blackened out and the Study ID written clearly in the upper right hand corner on every page.

### ADULT CAREGIVER PRESENT

1. **Gender** ☐ Male ☐ Female
2. **Relationship to subject**  
☐ Parent  
☐ Legal guardian  
☐ Grandparent  
☐ Aunt or uncle  
☐ Sibling  
☐ Other adult caregiver  
Specify: \_\_\_\_\_
3. Did the caregiver sit in the room during the exam?  
☐ No ☐ Yes

### CHILD'S INFORMATION

4. **Time of Assessment** \_\_\_\_\_ : \_\_\_\_\_ ☐ AM ☐ PM
5. **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy
6. **Chronological Age** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
7. **Handedness** ☐ Left ☐ Right ☐ Not Established

### CURRENT MEDICATIONS

The following question should be asked directly of the adult caregiver accompanying the child to today's visit.

8. Has this child taken any medicine today? ☐ No ☐ Yes
- IF YES: What medicine(s) did she or he take?
9. **Antihistamine and/or decongestant** ☐ No ☐ Yes
10. **Cough syrup** (non-narcotic) ☐ No ☐ Yes
11. **Antibiotic** ☐ No ☐ Yes
12. **Anticonvulsant** ☐ No ☐ Yes
13. **Medication for behavioral disorder** (e.g., Ritalin) ☐ No ☐ Yes, specify \_\_\_\_\_
14. **Other medication** ☐ No ☐ Yes, specify \_\_\_\_\_

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## EVALUATION OF TEST VALIDITY

15. In the best judgment of the TLC psychometrician, how well did this examination assess this child's current level of neuropsychological functioning?

( )<sub>0</sub> Not completed

( )<sub>1</sub> Poor

( )<sub>2</sub> Fair

( )<sub>3</sub> Good

( )<sub>4</sub> Excellent

IF THE RESPONSE TO QUESTION 15 WAS FAIR, POOR, OR NOT COMPLETED, indicate the reason(s) below.

- |     |   |                     |                                     |
|-----|---|---------------------|-------------------------------------|
| 16. | <b>Ill</b>  | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes, specify _____ |
| 17. | <b>Hungry</b>   | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 18. | <b>Uncooperative</b>  | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 19. | <b>Inattentive</b>  | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 20. | <b>Temper tantrum</b>   | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 21. | <b>Sleepy</b>   | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 22. | <b>Could not complete items</b>   | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 23. | <b>Environmental disturbance</b><br><small>(e.g., noise or power failure)</small> | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes                |
| 24. | <b>Other reason for non-completion</b>  | ( ) <sub>0</sub> No | ( ) <sub>1</sub> Yes, specify _____ |

25.	<b>TLC Psychometrician</b>	_____	_____ - _____
		<i>Signature</i>	<i>TLC Code</i>

## COMMENTS